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FINANCIAL DISCLOSURE STATEMENT

JAN 22 2009

For the calendar year

2008

State Form 40876 (R10 / 7-06)
OFFICE OF THE INSPECTOR GENERAL
IC 4-2-6-8

OFFICE OF THE INSPECTOR GENERAL

| 10.4-2-0-0 | Check | if this is an ame | ndment to | your current statement | |
|---|-------------------------|---|------------------------------------|--|--|
| Please read guidelines on page 4. | | | | | |
| Name (last) | Name (first) | | Name (middle) | · · · · · · · · · · · · · · · · · · · | |
| Daniels, Jr. | Mitchell | | E. | | |
| Spouse's name (fast) | Name (first) | | Name (middle) | 14 4 200 | |
| Daniels | Cheri | | | | |
| Office address (number and street) | City | ZIP code | | | |
| Statehouse, 2nd floor | Indianap | polis 46204 | | • | |
| Office telephone number | Email address (require | | | | |
| (317) 232–4567 | mdaniels@gov.in.gov | | | | |
| | | | | | |
| I am filing this statement as a: (please select one) Candidate | e for office | Incumbent officehole | der 🗌 | State employee | |
| Office or agency Jo | ob title | | | * * * * * * * * * * * * * * * * * * * | |
| Governor | Governor | | | | |
| | | | · | · · · · · · · · · · · · · · · · · · · | |
| EACH PART MUST BE ANSWERED. WORDS | IN BOLD ITALIC | S ARE INCLUD | ED IN THE | DEFINITIONS. | |
| | | · | | | |
| If you have information to report below, select YES. If no information, s | select NO. | Yes | ∏ No | | |
| | ART 1 - GIFTS | | | | |
| List the name and address of any <i>person</i> known to have a <i>business</i> the candidate, and from whom the state officer, candidate, or the emphaying a total fair market value in excess of one hundred dollars (\$100) | ployee, or that individ | e agency of the state dual's spouse or une | officer or emp | loyee or the office sought by ildren received a <i>gift</i> or gifts | |
| | ddress (city) | | | ZIP code | |
| | | | | | |
| Name (last) AC | ddress (city) | | | ZIP code | |
| | | | | | |
| Name (last) Ad | dress (city) | | | ZIP code | |
| | | | | | |
| | | | | | |
| If you have information to report below, select YES. If no information, s | select NO. | X Yes | □No | | |
| | AL PROPERTY INTE | _ | | | |
| List the location of all real property in which you, your spouse, or your un dollars (\$5,000) or more or comprising ten percent (10%) of your net winclude your residence unless it also serves as income property. | emancipated children | have equitable or lec | al interest eithe our unemancip | er amounting to five thousand pated children. You need not | |
| Property and its location | | | | | |
| Greenbrier, 4 Copeland Hill, White Sulp | hur Springs | , WV 24986 | | | |
| Property and its location | | | | | |
| Laurelwood, Carmel, IN 46032 | | | | | |
| Property and its location | | | | | |
| | | | | | |
| | | | | | |
| If you have information to report below, select YES. If no information, s | select NO. | ☐ Yes | X No | | |
| PART 3 - NON-STATE EMPLOYERS | | | | | |
| List the name of your employer(s) and the employer(s) of your spouse and the nature of each employer's business. | | | | | |
| Your employer | | Nature of business | | | |
| | | | Ý | | |
| Spouse's employer | | Nature of business | | | |
| | | | | | |

| If you have information to report below, select YES. | If no information, select N | vo. 🗆 | Yes | No | | |
|---|----------------------------------|-------------------------|---------------|----------------------|--------------------|--------------------|
| PART 4 - 9 | SOLE PROPRIETORSHI | P OR PROFESSIO | NAL PRAC | TICE | | |
| List any sole proprietorship owned or professional pro | actice operated by you or | your spouse and th | ne nature o | f the business. | | |
| Name of your business | | Nature of business | | | | |
| | | | | • | | |
| Name of spouse's business | | Nature of spouse's b | usiness | | | |
| | | | | | | |
| Do any clients for these businesses listed above have a businesses | ness relationship with your | agency (or in the case | of a candida | nte, with the office | sought)? | |
| ☐ Yes ☐ No | | | | | | |
| List the name of any client or customer from whom you or y | your spouse received more t | than thirty-three perce | ent (33%) of | your (or your spo | use's) non-state i | ncome in a year. |
| | | | | | | |
| | | | | | | |
| If you have information to report below, select YES. | If no information, select N | ю. 🗓 | Yes | ☐ No | | |
| | PART 5 - PAF | RTNERSHIPS | | | | |
| List any partnership in which you or your spouse is a | member and the nature of | of the partnership bu | usiness. | | | |
| Name of partnership | | Nature of partnership | | | | |
| Daniels Associates, LLC | | Investme | ent | | | |
| Name of spouse's partnership | <u> </u> | Nature of spouse's pa | artnership | | | |
| Daniels Associates, LLC | | Investme | ent | | | |
| | | | | | ** * * * * | |
| If you have information to report below, select YES. | If no information, select N | ю. 🗆 | Yes | ⊠ No | | |
| РАБ | RT 6 - OFFICER OR DIRE | ECTOR OF CORPO | PRATION | | | |
| List the name of any corporation in which you or your | spouse is an officer or din | ector and the nature | e of the corp | ooration's busine | ess. Churches n | eed not be listed. |
| Name of corporation | | Nature of business | | | , | |
| | | | | | | |
| Name of spouse's corporation | | Nature of spouse's bu | usiness | | | |
| | | | | | | |
| | | | | Ÿ | | |
| If you have information to report below, select YES. I | If no information, select N | ro. 🗓 | Yes | ☐ No | | |
| | PART 7 - STOCKHOLD | ER OF CORPORAT | TION | | | |
| List the name of any corporation in which you, your sp | pouse, or your unemandi | oated children own | stock or sto | ck options havi | ng a fair market | value in excess |
| of ten thousand dollars (\$10,000). A time or demand of Name of corporation | deposit in a financial insti | tution or insurance | policy need | Your's | Spouse's | Children's |
| | | | | | орошоо | |
| See attached | | | | X | | <u> </u> |
| Name of corporation | | | | | | |
| See attached Name of corporation | | | | | X | |
| All other assets held in Bli | ind Truct* | | | 1 | | |
| All other assets held in bi | Ind IIdst" | | | | | |
| | | | · | | <u></u> | |
| If you have information to report below, select YES. I | | | | □ No | | |
| | PART 8 - MOST RE | CENT EWPLOYER | | | | |
| List the name and address of your most recent former | | | | | | |
| Name of your most recent former employer | Street address (number White Hou | · · · | | | | |
| Executive Office of the | | | | 01-1- | | / ID ands |
| President | City | | | State | 2 | IP code |
| | Washingto |) LI | | DC | | 20500 |

| COMMENTS | | | | |
|--|---|--|--|--|
| Please place any comments in the fields below. | | | | |
| *Blind Trust - | | | | |
| Administrator - The Trust Company of Oxford, Lora White, | Trust Officer | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| · | | | | |
| | | | | |
| AFFIRMATION | | | | |
| I swear or affirm, under the penalty of perjury, that the facts as presented on this Financial D complete, and correct to the best of my knowledge and belief. | isclosure Statement are true, | | | |
| I understand that I may file an amended statement upon discovery of additional information required to be reported. | | | | |
| I acknowledge awareness of Indiana Code 4-2-6-8(d) under which a failure to file in a timely manner or filing a deficient statement is subject to a civil penalty at the rate of not more than ten dollars (\$10) for each day the statement remains delinquent or deficient. The maximum penalty under this subsection is one thousand dollars (\$1,000). I also acknowledge awareness of Indiana Code 4-2-6-8(e) under which a person who intentionally or knowingly files a false statement commits a class A infraction. | | | | |
| Personal signature Multibel (G. Daniels J. | Date signed (<i>month</i> , <i>day</i> , <i>year</i>) | | | |
| · // | | | | |

Mail or deliver to the following address:

Office of the Inspector General 150 West Market Street, Suite 414 Indianapolis IN 46204-2026 Telephone: (317) 232-3850

Mr. Mitchell E. Daniels, Jr.

State Form 40876 (Stockholder of Corporation)

<u>2008</u>

| Cash Equivalents | Owner |
|---|-------|
| WH Federal Credit Union | Mitch |
| Chase Checking | Joint |
| Bank of Indianapolis | Joint |
| Mutual Funds | |
| FT Unit 1514 Int'l Port Ser 12 | Cheri |
| FT Unit 1514 Large Cap Growth Port Ser 12 | Cheri |
| FT Unit 1514 Large Cap Value Port Ser 12 | Cheri |
| Retirement Plans | |
| Lilly 401(k) | Mitch |
| International Stock Fund | Mitch |
| Small Company Stock Fund | Mitch |
| Stable Value Fund | Mitch |
| Large Company Stock Fund | Mitch |
| Lilly Excess Plan | Mitch |
| International Stock Fund | Mitch |
| Stable Value Fund | Mitch |
| Large Company Stock Fund | Mitch |
| TCO SEP/IRA Rollover | Mitch |
| Ishares Russell 1000 Growth Index | Mitch |
| Ishares Russell 2000 Index | Mitch |
| Fairholme Fund | Mitch |
| Loomis Sayles Bond Fund | Mitch |
| State of IN 457 Retirement Plan | Mitch |
| Fidelity Diversified International Fund | Mitch |
| Vanguard Institutional Fund | Mitch |
| Chase Rollover IRA | Cheri |
| AIM Charter Fund Class A | Cheri |
| AIM Constellation Fund Class A | Cheri |

Daniels Associates, LLC

Fidelity Treasury Portfolio Class I
Aston/River Small Cap Value Fund
Alliance Bernstein International Value Fund
William Blair International Growth Fund
Columbia Value and Restructuring Fund
Credit Suisse Commodity Return Fund
American Funds Growth Fund Class F2
Leuthold Asset Allocation Fund
RS Emerging Markets A Fund
Royce Value Plus Investor Fund
Third Avenue Value Fund
Vanguard Total Stock Market Index Fund
Virtus Real Estate Fund Class I

Mitch/Cheri/Margaret/Meredith Mitch/Cheri/Margaret/Meredith